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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (For use with Form PTO/SB/06)						Application Number New	Filing Date					
						Applicant(s)						
						* May be used for additional claims or amendments						
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* Indep	* Depend	* Indep	* Depend	* Indep	* Depend
	Indep	Depend	Indep	Depend	Indep	Depend						
1	X					51	X		101			
2		X				52		X	102	X		
3		X				53	X		103			
4		X				54	X		104		X	
5		X				55	X		105	X		
6	X					56	X		106	X		
7		X				57	X					
8		X				58	X					
9		X				59	X					
10		X				60	X					
11	X					61		X				
12		X				62	X					
13		X				63		X				
14		X				64		X				
15		X				65		X				
16	X					66		X				
17		X				67		X				
18		X				68		X				
19		X				69	X					
20		X				70		X				
21		X				71	X					
22		X				72	X					
23		X				73	X					
24		X				74	X					
25		X				75	X					
26		X				76	X					
27		X				77	X					
28		X				78	X					
29	X					79	X					
30		X				80		X				
31		X				81		X				
32		X				82		X				
33		X				83		X				
34	X					84	X	X				
35		X				85						
36		X				86		X				
37		X				87		X				
38		X				88		X				
39		X				89		X				
40		X				90		X				
41		X				91		X				
42		X				92	X					
43		X				93	X					
44		X				94	X					
45		X				95		X				
46	X					96		X				
47		X				97		X				
48		X				98		X				
49		X				99	X					
50	X					100		X				
Total Indep						Total Indep						
Total Depend						Total Depend						
Total Claims						Total Claims						

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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